

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Gharrett
Pontiac

Last Name

David

First Name

MI

M 38621

ID#

Facility:

 Grievance: Facility Grievance # (if applicable) _____

Dated:

11/3/17

or Correspondence Dated:

Received: 11/9/17 Regarding: _____

Date

failure to protect (nov 2014) @ men
no response to giv's que

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on 8/11/2015 (PC Denial)
- No justification provided for additional consideration.

Other (specify):

at Pontiac since 2/1/17

Completed by: Sherry Benton

Print Name

S. Benton

11/13/17

Signature

Date

One Advantage, LLC
7650 MAGNA DRIVE
BELLEVILLE, IL 62223
(866) 812-3874

STATEMENT DATE: 10/27/17
CREDITOR: Barnes Jewish Hospital
ACCOUNT NAME: David Gharrett
CREDITOR ACCOUNT #: 6157116
ACCOUNT #: 17149793
ACCOUNT BALANCE: \$121.20

See Reverse Side for Account Detail

DAVID GHARRETT
PO BOX 1000
MENARD, IL 62259-0100

Dear DAVID GHARRETT,

The above referenced account(s) has been placed with our company for collection. Please send the balance to One Advantage, LLC or contact us at (866) 812-3874.

One Advantage, LLC reports this creditor's accounts with balances of \$50.00 or greater to one or more credit bureaus. However, if the balance is paid by 04/22/18, this account will not be reported. The Fair Credit Reporting Act prohibits One Advantage from reporting any disputed debt. Please refer to your right to dispute the validity of this debt in the last paragraph below.

Please send your payment to the remit address shown below. The creditor account number(s) should be noted on all correspondence and payments to ensure the proper handling and processing of your account(s).

PLEASE CALL OUR OFFICE AT (866) 812-3874

Office Hours (Central Time Zone)
MONDAY - THURSDAY 8:00 A.M. - 6:30 P.M.
FRIDAY 8:00 A.M. - 4:45 P.M.

Send correspondence to: One Advantage, LLC 7650 MAGNA DRIVE, BELLEVILLE IL 62223

For online payment options please go to <http://paybelleville.oneadvantagelc.com>

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Nothing in this letter affects or otherwise alters your rights described in the following paragraph:

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

Page 1 of 2

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT
MED-17300/BC1111- 213624974811 One Advantage, LLC • 7650 Magna Drive • Belleville, IL 62223 BC1111 2138/0001069/0005

7650 MAGNA DRIVE
BELLEVILLE, IL 62223

Please check box if below address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

17149793 IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> VISA		<input type="checkbox"/> MC
CARD NUMBER		CCV# (Last 3 digits on back of card)
XXXXXXXXXXXX		
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT #
10/27/17	\$121.20	6157116
SHOW AMOUNT PAID HERE		\$

ADDRESSEE:

DAVID GHARRETT

PO BOX 1000
MENARD, IL 62259-0100

REMIT TO:

DAVID GHARRETT

One Advantage, LLC
PO Box 23860
Belleville, IL 62223-0860

OneRadiology
Normal, Illinois
November 22, 2016

GHARRETT, DAVID
ID #: M38621
DOB: 07-24-87
Ordered by: Tindall, NP
Menard Correctional Center

SKULL 11-21-2016:

HISTORY: Hit in left eye. Large bump on right occipital area.

Five views were obtained. No fracture is seen. No bony abnormality is noted. There is mild haziness in the left maxillary antrum which may represent mucosal thickening. No air fluid level is noted in the sinuses.

IMPRESSION: No fracture is seen.

Signed _____

J. Foss, M.D.

Dic:11-22-2016

Films from Menard Correctional Center

M.D. Review
Date 11-30-16
Doctor ws
Pull Chart _____
See Patient _____
File ✓

received
11-29-16

MEDICATION NOTES

INDIA

INSTRUCTIONS

- Initial appropriate box when medication or treatment is given.
- Circle initials when medication or treatment is refused.
- State reason for refusal under Medication Notes.
- State reason and for PRN Medication or Treatment.
- Indicate injection site with appropriate code.

MEDICATION ADMINISTRATION RECORD

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATES	MEDICATIONS	HOUR	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																												
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Original Order 11/22/2016	PM-MIRTAZAPINE 15MG TAB SUB FOR: REMERON SUNEJA, SUKARSHAN TAKE 1 TABLET(S) BY MOUTH AT BEDTIME *DOT*																														
Discontinued 5/27/2017																															
Original Order 12/28/2016	PM-VENLAFAXINE 150MG ER CAP SUB FOR: EFFEXOR XR SUNEJA, SUKARSHAN TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME *DOT*																														
Discontinued 5/27/2017																															
Original Order 5/23/2016																															
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ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Optometric Examination

Center

 Baseline Annual

Date: 12/19/16

8 a.m.
1 p.m.

Time: _____

Offender Information:

Last Name: HARRIS

First Name: DAVIS

M

ID#: 118621

Chief Complaint: TRAUMA DS

HPI:

Location: _____
 Duration: _____
 Onset: _____
 Severity: _____
 Timing: _____
 Modifiers: _____

Ocular History:

Cataracts: _____
 Glaucoma: _____
 Disease: _____
 Trauma/Surgery: _____
 Strabismus: _____
 Amblyopia: _____

Medical History:

 NIDDM IDDM Hypertension Other: _____Visual Acuity: Unorrected Distance: OD 20/20 OS 20/25 OU 20/Unorrected Near: OD 20/ OS 20/ OU 20/

Habitual Rx: OD

20/

Type: SV Bifocal

OS

20/

Type: SV Bifocal

Correction: OD

20/

Type: SV Bifocal

OS

20/

Type: SV Bifocal

Near: OD

20/

Type: SV Bifocal

OS

20/

Type: SV BifocalPupils: Round Equal Responds to Light/Accommodation APDMotilities: Full Abnormal Confrontational Fields AbnormalTonometry: Applanation Tonopen NCT

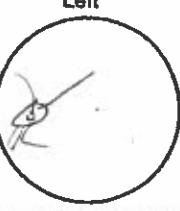
OD 25

OS 25

SAFETY GLASS
PULL TAB

Time: _____

Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Exo			Comea	✓	
Tropia			Conjuctiva	✓	
Phoria			Iris/Ant. Chamber	✓	
Ortho			Lens	✓	
			Lids/Lashes	✓	

Opthalmoscopy:	WNL	ABNL	Right	Left	Method:
Disc	✓				<input type="checkbox"/> Direct
Vessels					<input type="checkbox"/> BIO
Macula	✓				<input checked="" type="checkbox"/> 780 90A
Periphery					<input type="checkbox"/> 3 mirror
Vitreous					<input type="checkbox"/> Other: _____
Cup to disc: OD	0.4	OS	0.45	Cup Depth: <input type="checkbox"/> Deep <input type="checkbox"/> Moderate <input type="checkbox"/> Shallow	<input type="checkbox"/> PE 2.5% Trop 1%

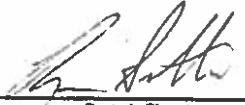
Assessment/Plan: 1. TRAUMA DS
 2.
 3.
 4. ETC PEN
 5.

Medications Ordered: _____

Eyeglasses Ordered: Frame: _____ Size: _____ Color: _____

Rx: OD _____ Add: _____ Seg Height: _____
 OS _____ SV FT28 Reading Only PD _____

Print Doctor's Name: LAN SUTTER

Doctor's Signature: 

Follow-Up: ETC PEN Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard

Center

Offender Information:

Gharnett

Last Name

David

First Name

M38621

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/23/16	Med Furlough Clerk Note:	
9:40am	PT has been scheduled for ER Follow-up for ENT and ophthalmology. PT will go on 12/1/16 @ 830 am to Barnes Jewish Center for Outpatient Health ENT clinic 4901 Forest Park Ave., Floor 4, Ste 420, St. Louis, MO Ph. 314-362-9100. Ophthalmology PT will be 12/1/16 @ 10:30 am @ BJC South Eye Clinic, 517 S. Euclid, 1st Fl McMillan St. Louis, MO Ph. 314-362-3431. No auth's Issued yet.	
	Chinda Mall	
	Med Furlough Clerk	

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard
(Facility)Offender's Name: Gharratt, David ID# M38421Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify) _____
 Other (specify) _____Urgent: Yes NoReferred to: OphthalmologyRationale for Referral: _____

_____RYAN SUTTER

Print Referring Practitioner's Name

R. Sutton

Referring Practitioner's Signature

11-28-16

Date

Report of Referral (Use Reverse Side, if necessary)

Findings: _____

_____Assessment: _____

_____Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

Approve.

Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard

(Facility)

Offender's Name: Garnett, David ID# M38421Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify) _____
 Other (specify) _____Urgent: Yes NoReferred to: ENTRationale for Referral: orbital fractures

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

11/29/06

Report of Referral (Use Reverse Side, if necessary)

Findings:

Assessment:

Recommendations/Plans:

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

- Approve.
- Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED DEC 02 2016

Date/Time: 12/02/2016 11:29:57

Subject: Inmate Name: GHARRETT, DAVID H

Inmate Number: M38621

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 179595769

Based upon a review of the information provided, Service is Approved.

Comments:

Received a referral request for ENT & Ophthalmology for an inmate patient who went to ER on 11/21 for a closed fracture of orbital plate of ethmoid bone. He was hit behind while in his cell. DX left orbit fracture with inferior rectus entrapment. Dr. Ritz approved. Meets IQ for both requests.

From: Dedicated Utilization Management

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza 4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

Date/Time: 12/02/2016 11:29:57

DELIVERED 12/2/2016

Subject: Inmate Name: GCHARRETT, DAVID H

Inmate Number: M38621

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 930675669

Based upon a review of the information provided, Service is Approved.

Comments:

Received a referral request for ENT & Ophthalmology for an inmate patient who went to ER on 11/21 for a closed fracture of orbital plate of ethmoid bone. He was hit behind while in his cell. DX left orbit fracture with inferior rectus entrapment. Dr. Ritz approved. Meets IQ for both requests.

From:

Dedicated Utilization Management

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard

Center

Offender Information:

Gharrat

Last Name

David

First Name

ID#: M381021

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/30/16	Med Furlough Clerk Note: 12:15pm PI was presented to collegial today by Dr. Trust for an ENT consult and an ophthalmology consult. Dr. Ritz, Wexford Uni, cancelled the call due to being sick. Dr. Ritz will review the cases.	
	Christie Mallin Med Furlough Clerk	
12/7/16	Med Furlough Clerk Note: 12:00pm PI has been approved for the ENT consult and the ophthalmology consult. PI's were seen 12/6/16.	